

U.S. DEPARTMENT OF COMMERCE  
Economics and Statistics Administration  
U.S. CENSUS BUREAU  
ACTING AS COLLECTING AGENT FOR  
U.S. DEPARTMENT OF  
HEALTH AND HUMAN SERVICES  
AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

2003 Medical Expenditure Panel Survey  
Insurance Component

## HEALTH INSURANCE COST STUDY PLAN INFORMATION QUESTIONNAIRE

### INSTRUCTIONS

## REPORT FOR UP TO FOUR HEALTH INSURANCE PLANS OFFERED IN 2003 AT THE LOCATION LISTED ABOVE.

You may use photocopies of this MEPS-10(S) form if sufficient copies were not included in this reporting package.

### GENERAL PLAN INFORMATION

		FOR CENSUS USE ONLY
<p><i>If a plan name is preprinted in the question 1a answer box on the right, answer for the plan specified. Otherwise, complete this Plan Information Questionnaire for the plan with the largest (or next largest) enrollment of active employees.</i></p>		100
<p><b>1a. For 2003, what was the name of the health insurance plan with the largest (or next largest) enrollment of ACTIVE employees?</b></p> <p>Examples: • Blue Cross Blue Shield, High Option • Company Plan A • Aetna HMO</p>		012 Name of plan
<p><b>b. What was the name of the insurance company or carrier providing this plan?</b></p> <p>Examples: • Blue Cross Blue Shield • Alliance • Charter Health</p> <p><i>If self insured, enter your company name.</i></p>		102 Name of insurance carrier
<p><b>2. Which type of health care provider was available through this plan?</b></p> <p><b>Exclusive providers</b> – Enrollees must go to providers associated with the plan for all non-emergency care in order for the costs to be covered.</p> <p><b>Any providers</b> – Enrollees may go to providers of their choice with no cost incentives to use a particular group of providers.</p> <p><b>Mixture of preferred and any providers</b> – Enrollees may go to any provider, but there is a cost incentive to use a particular group of providers.</p>		<p>103</p> <p>1 <input type="checkbox"/> Exclusive providers (Examples: Most HMO, IPA, and EPO-type plans)</p> <p>2 <input type="checkbox"/> Any providers (Examples: Most fee-for-service plans)</p> <p>3 <input type="checkbox"/> Mixture of preferred and any providers (Examples: Most PPO and POS-type plans)</p>
<p><b>3. Did this plan REQUIRE that the enrollee see a gatekeeper or primary-care physician in order to be referred to a specialist?</b></p> <p><i>For plans with multiple options, answer for the "in-network" option.</i></p>		<p>104</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Don't know</p>
<p><b>4. Was this plan purchased through a group purchasing arrangement with other employers such as a Multi-Employer Welfare Arrangement (MEWA)?</b></p>		<p>112</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Don't know</p> <p><b>Continue with Page 2, Question 5</b></p>

## GENERAL PLAN INFORMATION – Continued

**5. Was this plan offered through a union or a trade association?**

- 113
- 1 ☐ Union
- 2 ☐ Trade association
- 3 ☐ Neither

**6. Was this plan purchased from an insurance underwriter or was it self-insured?**

**Purchased from an insurance underwriter** – (Fully-insured)  
Coverage is purchased from an insurance company or other underwriter who assumes the risk for enrollees' medical expenses.

**Self-insured** – Your organization assumes the risk for the enrollees' medical expenses and may charge a premium to employees. This plan may be administered by a third party and may employ supplemental stop-loss insurance to limit unanticipated losses.

- 105
- 1 ☐ Purchased – **SKIP to Question 8a**
- 2 ☐ Self-insured – *Continue with Question 7a*

## SELF-INSURED PLAN INFORMATION

*Complete questions 7a–b if this plan was self-insured.*

**7a. Was this plan self-administered or did your organization employ an insurance company or other administrator?**

- 106
- 1 ☐ Self-administered
- 2 ☐ Insurance company or other administrator

**b. Did your organization purchase stop-loss coverage?**

- 107
- 1 ☐ Yes
- 2 ☐ No

## ACTIVE ENROLLMENT

Estimates are acceptable for all enrollment figures.

**8a. How many ACTIVE employees at this location were ENROLLED in this plan during a typical pay period in 2003?**

*Include full-time, part-time, temporary and seasonal employees.  
Exclude former employees, leased or contract workers and retirees.*

125  **Active** employees **enrolled** in plan

**b. How many of these ACTIVE employees were ENROLLED in SINGLE coverage during a typical pay period in 2003?**

129  **Active** employees **enrolled** in **single** coverage

EMPLOYEE-PLUS-ONE coverage is health insurance coverage for an employee-plus-spouse or an employee-plus-child AT A LOWER PREMIUM than family coverage.

**c. If your organization offered EMPLOYEE-PLUS-ONE coverage, how many ACTIVE employees were ENROLLED during a typical pay period in 2003?**

*Include enrollment for both employee-plus-spouse and employee-plus-child coverage.*

571  **Active** employees **enrolled** in **employee-plus-one** coverage

**d. How many ACTIVE employees were ENROLLED in FAMILY (i.e., not single or employee-plus-one) coverage during a typical pay period in 2003?**

705  **Active** employees **enrolled** in **family** coverage

## COBRA ENROLLMENT

**9. How many FORMER employees were ENROLLED in this plan, excluding retirees, through COBRA or other State Continuation-Of-Benefits laws during a typical pay period in 2003?**

126  **Former** employees **enrolled** in plan, excluding retirees

**Continue with Page 3, Question 10a**

## PLAN PREMIUMS

Report for TYPICAL situations and enrollees. If premium varied, report for a TYPICAL employee.

If this was a self-insured plan, report the premium equivalent.

Report employer/employee contributions and total premium for the same period during 2003.

Include any subsidy from an outside third party in the employee contribution for premiums.

### SINGLE COVERAGE

**10a. Was SINGLE coverage offered under this plan?**

- 552 1 ☐ Yes – Continue with Question 10b  
2 ☐ No – **SKIP to Question 11a**

**b. For this plan, how much did the EMPLOYER contribute toward the plan premium of one typical employee with SINGLE coverage?**

131 \$    ,    .  0  0 **Employer contribution for single premium**

**c. How much did this typical EMPLOYEE with SINGLE coverage contribute toward his/her own premium?**

132 \$    ,    .  0  0 **Employee contribution for single premium**

**d. What was the TOTAL premium for this typical employee with SINGLE coverage?**

130 \$    ,    .  0  0 **Total single premium**

**e. The amounts reported in questions 10b–d are based on which one of the following time periods?**

Mark (X) only one.

- 133 1 ☐ Weekly  
2 ☐ Every 2 weeks  
3 ☐ Monthly  
5 ☐ Quarterly  
4 ☐ Yearly

### EMPLOYEE-PLUS-ONE COVERAGE

EMPLOYEE-PLUS-ONE coverage is health insurance coverage for an employee-plus-spouse or an employee-plus-child AT A LOWER PREMIUM LEVEL than family coverage.

If employee-plus-one premiums were different for employee-plus-child and employee-plus-spouse coverages, report for employee-plus-child. If premiums varied for other reasons, report for a TYPICAL employee.

**11a. Was EMPLOYEE-PLUS-ONE coverage offered under this plan?**

- 570 1 ☐ Yes – Continue with Question 11b  
2 ☐ No – **SKIP to Page 4, Question 12a**

**b. For this plan, how much did the EMPLOYER contribute toward the plan premium of one typical employee with EMPLOYEE-PLUS-ONE coverage?**

636 \$    ,    .  0  0 **Employer contribution for employee-plus-one premium**

**c. How much did this typical EMPLOYEE with EMPLOYEE-PLUS-ONE coverage contribute toward his/her own premium?**

637 \$    ,    .  0  0 **Employee contribution for employee-plus-one premium**

**d. What was the TOTAL premium for this typical employee with EMPLOYEE-PLUS-ONE coverage?**

635 \$    ,    .  0  0 **Total employee-plus-one premium**

**e. The amounts reported in questions 11b–d are based on which one of the following time periods?**

Mark (X) only one.

- 638 1 ☐ Weekly  
2 ☐ Every 2 weeks  
3 ☐ Monthly  
5 ☐ Quarterly  
4 ☐ Yearly

**Continue with Page 4, Question 12a**



## FAMILY DEDUCTIBLES

**15a. Did this plan require that a specific number of family members meet their individual deductibles before the family deductible was met?**

224

- 1 ☐ Yes – Continue with Question 15b  
 2 ☐ No – **SKIP to Question 15c**  
 3 ☐ Family coverage not offered – **SKIP to Question 16a**

**b. How many family members were required to meet their individual deductibles before the family deductible was met?**

150

Number of family members

*Report for a family of four.*

**c. What was the total annual deductible a family paid?**

149

\$  ,  .  0  0 Total annual family deductible

*Report for a family of four.*

## PAYMENTS

**16a. Was hospital care covered under this plan?**

155

- 1 ☐ Yes – Continue with Question 16b  
 2 ☐ No – **SKIP to Question 16c**

**b. How much and/or what percentage of the total bill did an enrollee pay out-of-pocket for an inpatient hospital admission after any annual deductible was met?**

152

\$  ,  .  0  0 Copayment paid by enrollee for hospital admission

**Out-of-pocket expense** – Those costs paid directly by the enrollee.

Some plans may have both a dollar copayment and a percentage coinsurance.

*Report for precertified hospital admissions (if applicable).*

*Report for an admission at an "in-network"/participating hospital (if applicable).*

*Do not include any physician charges incurred during the hospital admission.*

154

- 1 ☐ Per day  
 2 ☐ Per stay

**AND/OR**

153

% Coinsurance paid by enrollee

**c. Was physician care covered under this plan?**

218

- 1 ☐ Yes – Continue with Question 16d  
 2 ☐ No – **SKIP to Question 17a**

**d. How much and/or what percentage of the total bill did an enrollee pay out-of-pocket for an office visit after any annual deductible was met?**

156

\$  .  0  0 Copayment paid by enrollee for office visit

**Out-of-pocket expense** – Those costs paid directly by the enrollee.

Some plans may have both a dollar copayment and a percentage coinsurance.

*Report for an "in-network"/participating general practitioner during normal office hours.*

157

% Coinsurance paid by enrollee

**17a. Were outpatient prescription drugs covered under this health plan?**

673

- 1 ☐ Yes  
 2 ☐ No  
 3 ☐ Don't know } **SKIP to Page 6, Question 18a**

**b. Was outpatient prescription drug coverage based on a formulary that restricted which drugs were covered?**

676

- 1 ☐ Yes  
 2 ☐ No  
 3 ☐ Don't know

**Formulary** – A formulary is a list of prescription drugs that are preferred by the health plan for use. A formulary may include brand name and generic drugs.

**Continue with Page 6, Question 17c**

## PAYMENTS – Continued

**17c. How much and/or what percentage did an enrollee pay out-of-pocket for the different tiers of prescription drug coverage?**

*If reporting for one tier, enter your response in the Lowest cost to enrollee box. If reporting for two tiers, enter your responses in the Lowest and Highest cost to enrollee boxes.*

*Report for the least expensive pharmacy available to the enrollee under the plan, excluding any mail-order programs.*

Lowest cost to enrollee  
(Tier 1)

655  
\$     . 0 0

Copayment  
**And/Or**

677  
 %

Coinsurance

Middle cost to enrollee  
(Tier 2)

700  
\$     . 0 0

Copayment  
**And/Or**

701  
 %

Coinsurance

Highest cost to enrollee  
(Tier 3)

702  
\$     . 0 0

Copayment  
**And/Or**

703  
 %

Coinsurance

**18a. What was the MAXIMUM ANNUAL out-of-pocket expense for an individual?**

*Include all copayments, coinsurance and deductibles.*

**Out-of-pocket expense** – Those costs paid directly by the enrollee.

This is often referred to as a catastrophic limit.

161  
\$    ,    . 0 0

**OR**

163 ☐ No **individual** maximum

**b. What was the MAXIMUM ANNUAL out-of-pocket expense for a family of four?**

162  
\$    ,    . 0 0

**OR**

222 ☐ No **family** maximum

**19. What was the MAXIMUM amount this plan would have paid for an enrollee in ONE YEAR?**

160  
\$   ,    ,    . 0 0

**OR**

221 ☐ No **annual** maximum

## PLAN CHARACTERISTICS

**20. Could this plan have refused to cover persons with pre-existing medical or health conditions?**

183  
1 ☐ Yes  
2 ☐ No

**21. Did this plan have a policy requiring a waiting period before covering pre-existing conditions?**

185  
1 ☐ Yes  
2 ☐ No

**22. Which of the services listed were covered by this plan?**

	Yes (1)	No (2)	Don't know (3)
164 Routine mammograms . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
585 Adult preventive care (office visits and tests) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
586 Well-baby/well-child care (office visits and tests) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
173 Chiropractic care . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
587 Routine vision care . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
176 Routine dental care . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
177 Orthodontic care . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
180 Inpatient mental illness . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
181 Outpatient mental illness . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
182 Alcohol/substance abuse treatment . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### \*\*\* PLEASE NOTE \*\*\*

**If your organization offered only one health insurance plan, please end the form.**

**If your organization offered MORE THAN ONE health insurance plan, please complete a Plan Information Questionnaire for each plan that was offered, up to four plans.**